

Montana Board of Realty Regulation
301 South Park Avenue 4th Floor
PO Box 200513
Helena MT 59620-0513
PHONE: 406-444-2961
FAX: (406) 841-2323 E-MAIL: dlibsdrre@mt.gov
WEBSITE: <http://www.realestate.mt.gov/>

APPLICATION PROCEDURES FOR REAL ESTATE SALESPERSON LICENSE

**PLEASE ALLOW 10 TO 14 WORKING DAYS FOR PROCESSING AFTER RECEIPT OF ALL
REQUIRED DOCUMENTATION**

LICENSING REQUIREMENTS:

- Must be at least 18 years of age
- Must provide evidence of completion of 10th grade from an accredited high school or equivalent
- Must have completed 60 hours of pre-licensing instruction from a school and instructor approved by the Board.
- Must have passed the Montana Salesperson Broker Real Estate Examination with a score of 80% on the uniform portion and 70% on the state portion.
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FEES FOR LICENSURE:

- ☐ \$175.00 if licensed in even-numbered years (i.e. 2002, 2004)
- ☐ \$87.50 if licensed in odd-numbered years (i.e. 2003, 2005)
- ☐ \$35.00 Recovery Fee (required of all applicants)

Make check or money order payable to the Montana Board of Realty Regulation
DO NOT SEND CASH

APPLICATION PROCEDURES AND SUPPORTING DOCUMENTS: The following information and/or documentation is required. **A license will not be issued until all materials are received and approved.**

1. Completed application form and fees.
 2. Verification of completion of 10th grade education or transcript, GED certificate, college diploma or transcript, or military discharge papers.
 3. An original certified license history from any licensing jurisdiction in which a current license or in which a license has been previously issued.
 4. Proof of 60 hours of approved real estate pre-licensing education. Submit a copy of the completion certificate.
 5. Copy of AMP test results
 6. A 2x2 photo attached to the application form in the space provided.
 7. A list of employment for the past five (5) years by occupation, time employed, name & address of employer. Include periods of unemployment, semi-retirement, etc. Do not leave any time gaps in the 5-year history.
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Applicant must attach a photograph of himself / herself. The photograph must have been taken within the last year.

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For Office Use Only

License # _____

Date Issued: _____

Application for Licensure as a Salesperson

Application is Made by: (Check One)

Examination

Reciprocity

Waiver (Prior Approval Required)

1. FULL NAME

Last

First

Middle

2. OTHER NAME(S) KNOWN BY

3. BUSINESS NAME

4. BUSINESS ADDRESS

Street Address

City and State

Zip

Country

MAILING ADDRESS (If Different)

PO Box #

City and State

Zip

Country

5. HOME ADDRESS

Street or PO Box #

City and State

Zip

Country

E-MAIL ADDRESS

WEB SITE ADDRESS

6. TELEPHONE

Business

Home

Fax

7. SOCIAL SECURITY NUMBER

FOREIGN ID NUMBER

8. DATE OF BIRTH

AGE

PLACE OF BIRTH

MALE

FEMALE

Month/ Day/Year

City/State

9. LICENSE NAME

(State your name as it should appear on the license if granted.)

10. BROKER'S TRUST ACCOUNT #

BANK NAME

BANK LOCATION

11. SUPERVISING BROKER AGREEMENT: I,

Broker Name

License # (if applicable)

,agree that I

will supervise the above-named applicant as a real estate salesperson. I hereby state that the applicant for real estate salesperson license has satisfactory credit, character, and IS OF GOOD REPUTE. I further agree that I will ACTIVELY SUPERVISE AND TRAIN the applicant during the time the applicant remains under my supervision as a real estate salesperson.

Supervising Broker Signature

Date

12. List all real estate salesperson examinations that you have taken and the results. Attached additional sheet if necessary.

State Taken In	Exam Date	Results
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All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

13. Have you ever been denied the right to take a licensure examination in any state?
If yes, attach a detailed explanation. Yes No
14. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?
If yes, attach a detailed explanation. Yes No
15. Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation. Yes No
16. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?
If yes, attach a detailed explanation. Yes No
17. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? If yes, attach a detailed explanation. Yes No
18. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. Yes No
19. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, or involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit:
(1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation. Yes No
20. Have you ever been charged with fraud, formally or informally, in any civil proceeding?
If yes, attach a detailed explanation. Yes No
21. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. Yes No
22. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. Yes No
23. Do you currently hold any type of license in Montana or another state? If yes, provide the following information: (Attach a supplement sheet if necessary.) Yes No

State/Province/Territory	License Number	Date Issued	Is It Current	Type of License
			Yes No	
			Yes No	
			Yes No	
			Yes No	

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana licensing program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

I hereby declare that if a Montana Real Estate Salesperson's license is issued to me, I agree to conduct my Montana real estate business in accordance with the laws of Montana and the rules of the Board of Realty Regulation.

Legal Signature of Applicant

Dated

Subscribed and sworn to by me this _____ day of _____, _____ at

City/State_____
Notary Public

SEAL

For the State of

My commission expires _____, _____.

Complete this form only if you are applying for a reciprocal license.

MONTANA BOARD OF REALTY REGULATION

BROKER'S/SALESPERSON'S AGREEMENT AND CONSENT TO JURISDICTION

I, _____, a duly licensed real estate broker/salesperson, resident in and am licensed by the State of _____ do hereby acknowledge, declare and state as follows:

1. That I have make application to the regulatory body of the State of _____ to grant a reciprocal license in said State. I acknowledge that I have read and fully understand the terms and provisions of the reciprocal agreement between the State of my residence and State of application.
2. I further understand and acknowledge that with respect to my activities in the State of my residence, that I shall continue to be subject to the statutes, rules and regulations of the regulatory body in said State. Further, I acknowledge that with respect to my activities under and pursuant to a reciprocal license issued in accordance with my application that I will be subject to the laws, rules and regulations of the applicant State and I do consent to the jurisdiction of the regulatory body of the applicant State with respect said activities.
3. I further understand and acknowledge that in the event of any investigation of my activities under the reciprocal license of the applicant State that the regulatory body of my State of residence may and will cooperate and assist in said investigation.
4. Further, I do acknowledge that I have signed this agreement with the understanding that it is a material part of my application for a reciprocal license in the applicant State in order to secure the issuance of such reciprocal license from said applicant State.

Done and dated this _____ day of _____, _____.

Signature of Broker/Salesperson – Applicant

Subscribed and sworn to by me this _____ day of _____, _____ at _____
City/State

Notary Public

SEAL

For the State of _____

My commission expires _____, _____.